

State of Illinois
Illinois Department of Children and Family Services

CASEWORKER RESIDENTIAL VISITATION RECORD

Month: _____ Year: _____

FACILITY NAME/PROGRAM: _____

FACILITY ADDRESS: _____

(Please Print Clearly)

Worker Name/Agency	Team R - S - F	Name of Ward	Ward's I.D. Number	Are you the assigned worker?		Date	Time	
				Yes	No		In	Out

The facility will fax this sign-in form to the RPMU at 312 793-4310 on the first working day after the end of the month.

Instructions for Completing the Caseworker Residential Visitation Record form

The residential facility completes the first part of the form.

- Enter the month name, i.e., “October.” There should be separate sheets for each month.
- Enter the year in numerical fashion, i.e., “2009.”
- Facility name and program is entered.
- Facility address is entered.

As caseworkers enter the facility or home where the DCFS ward lives, the caseworker completes a row for the child visited.

- Caseworker prints his/her name and agency in the Worker Name/Agency column.
- Caseworker enters his/her region, site and field in the Team R-S-F column.
- Caseworker enters the name of the ward to be visited in the Name of Ward column.
- Caseworker enters the ward’s DCFS identification number in the Ward’s I.D. Number column.
- Caseworker checks either “yes” in the Yes column or “no” in the No column to indicate whether he/she is the assigned caseworker.
- Caseworker enters the date of the visit in 00/00/00 format in the Date column.
- Caseworker enters the time the visit starts in 00:00 am/pm format in the Time In column.
- Caseworker enters the time the visit ends in 00:00 am/pm format in the Time Out column after the visit is over.

On the first working day of every month, the residential facility will fax the forms from the preceding month to the fax number printed on the form. If the fax number does not accept the fax, please call 312-793-8527 and ask for someone from the Residential Performance Monitoring Unit.

Referenced in Procedure 315.110 (f).